

Form No. 1

## (1) PLACE OF BIRTH

County of MarbleTownship of Rock Hillor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2307

File No.—For State Registrar Only

33237

Registered No. 50  
(For use of Local Registrar)(2) Full Name of Child Legis. Mrs. Alfred

If child is not yet named, make supplemental report as directed

(3) SEX <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at Birth Newborn	(7) DATE OF BIRTH <u>Oct 24 25</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Kenny Alfred</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Blacksburg</u>	
(10) COLOR OR RACE <u>Col</u>	(12) BIRTHPLACE <u>AL</u>
(13) OCCUPATION <u>Farmer</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Addie Alford</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg</u>	
(16) COLOR OR RACE <u>Col</u>	(18) BIRTHPLACE <u>AL</u>
(19) OCCUPATION <u>HW</u>	
(21) Number of children of this mother now living, including present birth	<u>3</u>

(20) Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 10.40 AM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Flora Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 27 25 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN FATHER, MOTHER, HOUSEHOLDER, ETC., SIGN IN A PHARMACY, DRUG STORE, OR OTHER PLACE, THE SIGNATURE MUST BE VERIFIED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF TWIN OR TRIPLETS, THE SIGNATURE MUST BE VERIFIED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF STILLBIRTHS, THE SIGNATURE MUST BE VERIFIED BY A PHYSICIAN OR MIDWIFE. IN THE CASE OF STILLBIRTHS, THE SIGNATURE MUST BE VERIFIED BY A PHYSICIAN OR MIDWIFE.